

## SENIOR MEMBER APPLICATION FOR MS WING CAP ENCAMPMENT

NAME (Last, First, MI)			CAP GRADE		PRESENT DUTY ASSIGNMENT		
ADDRESS			DATE SINCE LAST PROMOTION		EMAIL ADDRESS		
CITY	STATE	UNIT CHARTER NUMBER	CAP SERIAL NUMBER		PHONE NUMBER		
T-SHIRT SIZE (circle one)      S    M    L    XL    XXL    XXXL				Sex    M    F		SOCIAL SECURITY NUMBER	
WERE YOU INVOLVED IN THE CADET PROGRAM <input type="checkbox"/> Yes <input type="checkbox"/> No		HIGHEST CADET GRADE		FIRST AID CARD    Expiration <input type="checkbox"/> Yes <input type="checkbox"/> No		CPR Qualified    Expiration <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIALTY TRACK		RADIO OPERATORS PERMIT    Expiration <input type="checkbox"/> Yes <input type="checkbox"/> No		CAP DRIVER'S LICENSE    Qualifications <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Health Information

DOCTOR		ADDRESS		PHONE NUMBER
ALLERGIES			HEALTH SITUATIONS THAT MS WING SHOULD BE AWARE OF	

#### MEDICATIONS    (\*\*see note at bottom)

#### MEDICATION IS FOR:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

### Emergency Contact Information

NAME	RELATIONSHIP	PHONE NUMBER
ADDRESS		ALTERNATE PHONE NUMBER

### Leadership Experience

List chronologically starting with the most recent experience, all leadership positions/experiences that you have fulfilled, or learned about, while participating in the Civil Air Patrol

Dates (beginning/ending)	Position/ Activity	Rank while serving in this position
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____

List the position(s) you would be willing to fill at this encampment.

1 _____	3 _____
2 _____	4 _____

\*\*\* You will be responsible for you own medications, please note any emergency medications that are important that the medical staff may need to know about.